

JAN 31 2008

PTO/SB/21 (01-08)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/731,045	
	Filing Date	12/09/2003	
	First Named Inventor	Patricia Lynn Maw	
	Art Unit	2113	
	Examiner Name	Yolanda L. Wilson	
Total Number of Pages in This Submission	4	Attorney Docket Number	AWK03-018

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Response to Notice Requiring Excess Claims Fees; Notice also attached.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	UNISYS CORPORATION	
Signature	<i>Alfred W. Kozak</i>	
Printed name	Alfred W. Kozak	
Date	01/31/2008	Reg. No. 24,265

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature	<i>Alfred W. Kozak</i>	
Typed or printed name	Alfred W. Kozak	Date 01/31/2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Appl. No. 10/731,045  
Response dated January 31, 2008  
Reply to Notice of January 24, 2008

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JAN 31 2008

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application. No. :	10/731.045	Confirmation No. 7545
Inventor :	Patricia Lynn Maw	
Filed :	12/09/2003	
TC/A.U. :	2113	
Examiner :	Yolanda L. Wilson	
Docket No. :	AWK03-016	
Customer No. :	27201	

Mail Stop Amendment  
Commissioner for Patents  
PO Box 1450  
Alexandria VA 22313-1450

NOTICE REQUIRING EXCESS CLAIMS FEES

Sir:

This is in response to the Notice Requiring Excess Claims Fees mailed on 01/24/2008  
(copy attached).

As mentioned in your notice, there are four independent claims. Please charge the fee of  
\$210 as well as any additional fees to Deposit Account No. 19-3790.

02/01/2008 PCHOMP 00000010 193790 10731045  
01 FC:1201 210.00 DA

Docket No: AWK03-016

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Appl. No. 10/731,045  
Response dated January 31, 2008  
Reply to Notice of January 24, 2008

Respectfully submitted,

UNISYS CORPORATION

Dated: January 31, 2008

By Alfred W. Kozak  
Alfred W. Kozak  
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Date January 31, 2008

Alfred W. Kozak January 31, 2008  
Alfred W. Kozak Date

JAN 31 2008

<b>NOTICE REQUIRING EXCESS CLAIMS FEES</b>	<b>Application No.</b>	<b>Applicant(s)</b>	
	10/731,045	MAW ET AL.	
		<b>Art Unit</b>	
		2113	

The excess claim(s) filed on 04 January, 2008 is not accompanied by the appropriate payment of excess claims fees set forth in 37 CFR 1.16(h)-(j) or 1.492(d)-(f). Excess claims fees are required for each claim in independent form in excess of three (§ 1.16(h)), each claim (whether dependent or independent) in excess of twenty (note that § 1.75(c) indicates how multiple dependent claims are considered for fee calculation purposes) (§ 1.16(i)), and each application that contains a multiple dependent claim (§ 1.16(j)).

Since the application is not under a final rejection, applicant is given a time period of **ONE (1) MONTH or THIRTY (30) DAYS** from the mailing date of this notice, whichever is longer, to submit either: (1) the fee payment of \$ 210, or (2) an amendment in compliance with 37 CFR 1.121 that cancels the excess claim(s), in order to avoid ABANDONMENT. Extensions of this time period may be granted under 37 CFR 1.136, unless the excess claim(s) was presented in a preliminary amendment.

- ☐ 1. The funds in Deposit Account No. \_\_\_\_\_ are insufficient to cover the entire fee due. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.
- ☐ 2. The Credit Card payment to cover the entire fee due to Account \_\_\_\_\_ (Card type + last 4 digits ONLY) was refused. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.
- ☒ 3. The amendment that includes the excess claim(s) has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account or Credit Card) the fee as indicated on the attached Patent Application Fee Determination Record (PTO/SB/06). Remittance or authorization is due within the time period set forth in this notice.
- ☐ 4. The fee submitted in this application is insufficient. A balance of \$ \_\_\_\_\_ is due for presentation of excess claims (37 CFR 1.16(h)-(j) or 1.492(d)-(f)).
- ☒ 5. Other.

*Explanation (Provide specific details of the required correction in order to assist the applicant. Indicate whether a service charge has been added to the fee due):* Claims 1, 3, 12 and 17 are independent.

THE AMOUNT OF THE FEE(S) DUE IS SUBJECT TO CHANGE, GENERALLY ON OCTOBER 1 OF EACH YEAR (37 CFR 1.16, 1.21 & 1.492). THE AMOUNT OF THE FEE(S) DUE IS DETERMINED AS OF THE DATE A COMPLETE REPLY WITH THE APPROPRIATE FEE(S) IS RECEIVED BY THE OFFICE (37 CFR 1.8 & 1.10). BECAUSE THE AMOUNT DUE IS SUBJECT TO CHANGE, IT IS RECOMMENDED THAT APPLICANT CHECK THE CURRENT FEE SCHEDULE WHICH IS AVAILABLE ON THE USPTO'S WEBSITE AT: <http://www.uspto.gov/web/offices/ac/qs/ope/fees.htm>

**Service Charges:** There is a \$50 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)). There is a \$25.00 service charge for each month when the balance of a deposit account is below \$1000 at the end of the month (37 CFR 1.21(h)(2)).

Technical Support Staff (TSS): /Katischa R. Wanzel/ Phone Number: 571-272-1059

**Note to TSS:** Please do NOT use this notice if the application is under a final rejection.